

19 Sep 07

MINUTES OF  
HEALTH CARE CONSUMERS' COUNCIL

The Health Care Consumers' Council was held at 1000, Tuesday, 18 September 2007, at the Naval Health Clinic, Pax River (NHCPR), Conference Room.

1. CAPT Macyko, Executive Officer, Naval Air Station, and CAPT McCormick-Boyle, Commanding Officer, Naval Health Clinic, Patuxent River, welcomed attendees.

CAPT Macyko advised Operation Solid Curtain would have minimum impact on base operations 18-19 September. Expect 100% ID checks on all personnel in vehicles at all gates, random vehicle inspections, 100% commercial vehicle inspections and Gates II and III to be secured for approximately 20 minutes between 1100 and 1200. It was suggested that the Clinic put a message on the appointment reminder system that extra time should be allowed to get on base for 20 September appointments. CAPT McCormick-Boyle advised this will be done if the system will allow, and Clinic staff will be advised that patients may be late due to time constraints from the drill.

2. LCDR Stephens, Director for Administration. Working with Base Public Works Department on Command renovation Scope of Work issues; work will not be completed by the end of the September. Cooperation and understanding from patients during this time is appreciated.

3. LT Dotson, Patient Administration and CDR Padgett, Senior Flight Surgeon:

a. Individual Medical Readiness (IMR): CNO WASHINGTON MSG R061727Z SEP 07, Individual Medical Readiness, enclosure (1). The NHCPR staff is developing a process to capture required Individual Medical Readiness (IMR) requirements into the MRRS, which is a web-based tracking system, with minimal impact to the Sailor/Marine or parent command. Each command will receive access to MRRS to readily identify and track their staff's IMR deficiencies. Enclosure (2) is the IMR Program Summary from MRRS, which lists the IMR rates for each command. Please contact HM1 Raymond at extension 5-7486 for further information for MRRS access.

b. Post Deployment Health Re-Assessment(PDHRA): CNO MESSAGE R101249Z JUL 06, enclosure (3), explains PDHRA and Electronic Deployment Health Assessments (EDHA). In the Pax River community, 672 members have deployed since March 2004 and of these, 409 have not completed their PDHRA. The PDHRA is an important component of readiness and health assessment/intervention. Flight Surgeons and staff are contacting members to complete assessments. Leadership is asked to support this effort.

c. Individual Augmentation (IA): Individual Augmentation instructions, enclosure (4), are on NHCPR web site at [www.paxriverclinic.med.navy.mil/ia.cfm](http://www.paxriverclinic.med.navy.mil/ia.cfm). This web page also provides links to specific paper work and forms that should be completed and instructs members on medical deployment procedures. Please ask designated or possible IAs to visit these areas, complete the paperwork as this will decrease their medical appointment time considerably.

4. LCDR Kessock, Family Practice Clinic:

a. Patient Flow during Renovation: From 0700 to 1800 patient entrance for Family Practice Clinic and Laboratory is the Quarterdeck of the NHCPR. Patient entrance for Flight Medicine Clinic remains the same (Family Practice Clinic main entrance). At 1700 check-in for Family Practice Clinic changes; signs are posted to re-direct the patients.

b. Telephone Consult (T-Con): A T-Con is another means for patients to communicate with their medical team. For example, if you need to ask a medical question, inquire about a medical referral, get a medication refill or get medical advice for home care or clarification of care following a previous medical appointment, the patient calls the Appointment Line at 301-342-1506 and the Medical Clerk takes the information and gives it to the nurse to return the call. The phone calls are triaged and patients are called back based on the urgency of the illness or request.

c. TRICARE Online and Military Sick Call: Due to the unplanned transfer of one of our providers in Flight Medicine Clinic, implementation of appointments for Military Sick Call will not be put into action at this time. Another option for making appointments at Flight Medicine Clinic is through TRICARE Online, a web based appointment system at [www.tricareonline.com](http://www.tricareonline.com). TRICARE Online allows you the freedom of making your appointment at your convenience.

5. LCDR O'Loughlin, Director, Clinical Support Services: TRICARE Pharmacy Mail Order (TMOP). Enclosure (5) gives a brief explanation of TMOP and Member Choice Center (MCC). TMOP is one pharmacy option for all TRICARE beneficiaries to obtain medications through a mail order process instead of going to a military treatment facility pharmacy or retail pharmacy. Enrollment with TMOP is now online for greater customer convenience at [www.tricare.mil](http://www.tricare.mil). or [www.express-scripts.com/tricare](http://www.express-scripts.com/tricare). Medications may be mailed to any address a patient requests; turnaround time is five to six days; IA/deployable personnel can detach with six months worth of medication and use mail order for remainder of time on deployment.

6. Mr. Ruiz, Director for Public Health Services: Flu Vaccination: The flu is a contagious respiratory illness caused by influenza viruses Type A or B which affects 5-20% of the population causing mild to severe illness. When you get the flu you usually feel tired, muscles ache, have a runny or stuffy nose, sore throat, headache or fever. To help prevent the flu, get vaccinated and practice frequent hand-washing with soap, covering your mouth and nose when coughing or sneezing and avoiding close contact with sick people.

Flu mist will be available to healthy beneficiaries 5-49 years of age. Injectable flu vaccine will be given to patients six months and older, pregnant patients and those not eligible for flu mist. When vaccine is received a schedule will be put out in the Tester, NAS and NAWCAD Plan of the Weeks, etc. Vaccinations will also be given on two Saturdays to family members and retirees and their family members. Active duty will be the first to receive vaccinations. Public Health Services would like to come to squadrons during safety stand-down, command urinalysis, command training, etc. to administer the flu vaccine. Call extension 2-1496 to schedule once the flu schedule has been released.

CDR Padgett added effective 1 January 2008 lack of the flu vaccination will be a MRRS deficiency. When the flu vaccination is received, it is a three day self-downing for the aviation community.

7. Mr. Carpenter, Manager, TRICARE Service Center:

a. Claims Resolution. Remind military staff to review each and every Tricare Explanation of Benefits (EOB) they receive. Match EOB to any provider bills received. Check all remarks on the EOB. If there is a problem with the information on the EOB, it is much easier to correct as soon as the EOB is received. Stop by the Tricare Service Center (TSC) if there is a problem with an EOB. TSC hours of operation are 0730-1630, Monday through Friday.

b. Authorization Requirements. Beneficiaries must advise their Primary Care Manager (PCM) if they go to an urgent care facility for care. If the urgent care provider recommends that a specialist see you then a referral from your PCM is required. The NHCPR is currently short on appointments; if they send you to an urgent care provider then the PCM would put in a referral. At that time, please let your PCM or nurse know the closest center to your location. Enclosure (6) gives a list of local urgent care facilities.

Under "Prudent Layperson Rule", anyone going to the Emergency Room (ER) for what they perceive as a life-threatening event does not need a referral put in by the PCM. If a follow-up visit is needed to a specialist seen in the ER, a referral must be entered in the system by the PCM. In the event that the specialist seen in the ER wants to send you to another specialist, it must be to the same specialty. For example, ortho to ortho and that provider may submit the referral request. In the event your PCM sends you to a specialist and he/she wants you to go to a different specialty, a new referral from your PCM is needed. For example, ortho now want you to go to gastro.

c. Defense Enrollment Eligibility Reporting System (DEERS). If DEERS information is not updated by members and beneficiaries, e.g., address, telephone number, this can significantly impact care. For instance, if a provider submits a referral the Health Net staff will be delayed in assisting the patient if DEERS information is not accurate.

8. Ms. Prachard, Fleet and Family Service Center:

a. Family Advocacy Brief for Key Personnel is scheduled for 3 October from 1300-1500 at Frank Knox Building (2189), Room 120, as reflected in enclosure (7).

b. IA night is second Wednesday of the month at FFSC, with 10 October's get together being for IAs and their spouses. Topic: Spouse and IA's relationship upon return of the IA.

c. FFSC counselor called to active military duty, limiting FFSC's counseling to FAP and IA family members for the next year. Currently working to get a contractor on board to fill this position. Questions should be referred to FFSC staff at extension 2-4911.

9. Ms. Linda Debrock, NAS Ombudsman Coordinator:

a. NAS Ombudsmen meeting held first Monday of the month at FFSC. There are 13 identified Ombudsmen on the base. Ms. Debrock may be reached at FFSC, extension 2-5442.

b. Two Ombudsman pre-deployment briefs have been conducted. Attendance by member and family members low as attendance is not mandatory. Request support of leadership for program.

c. Annual Ombudsman luncheon will be held 27 September, 1130, at the Officers' Club.

10. Ms. Thurber, Performance Improvement Coordinator:

a. October is Breast Health Care Awareness Month. The Command will sponsor a Breast Health Care Lunch and Learn on 10 October, 1130, at the Officers' Club. The guest speaker will be CDR Leonard Henry, Surgical Oncologist, National Naval Medical Center, Breast Care Center, Bethesda. This event is open to interested personnel. Enclosure (8) is provided for widest dissemination.


b. The Pax River Improving Your Medical Experience (PRIME) package is given out to new arrivals when they check in to NHCPR, Medical Records Division. Two books are available, Taking Care of Yourself and Taking Care of Your Child, which can be reviewed by the nurse of your health care team during a medical visit. Ms. Thurber and a team from the NHCPR are available to come to individual commands/squadrons/units to give the PRIME class. To schedule a class, please contact Ms. Thurber at extension 2-1420.

11. Ms. Sears, Customer Service, reviewed the various ways a patient has to communicate with the NHCPR.

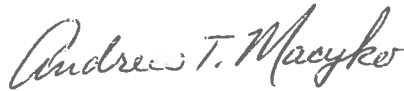
12. One purpose of the Healthcare Consumers' Council meeting is to help serve the health care needs of the consumer. Representatives were asked to pass information from this meeting to members of their commands. Ombudsmen are encouraged to attend to attend this meeting.

13. The meeting adjourned at 1115. The next Health Care Consumers' Council meeting is scheduled for Tuesday, 20 November 2007. If a representative would like to have a topic covered at this forum, please contact the Commanding Officer at extension 2-1462.

Submitted:

  
CAPT R. J. McCORMICK-BOYLE, NC, USN  
COMMANDING OFFICER  
NAVAL HEALTH CLINIC  
PATUXENT RIVER

Reviewed:



CAPT A. MACYKO, USN  
EXECUTIVE OFFICER  
NAVAL AIR STATION  
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CAPT G. IVES, USN  
COMMANDING OFFICER  
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Enclosures:

- (1) CNO MESSAGE R061727Z SEP 07, INDIVIDUAL MEDICAL READINESS
- (2) Command Individual Readiness Program Summary
- (3) CNO MESSAGE R101249Z JUL06, POST-DEPLOYMENT HEALTH SURVEILLANCE  
AND READINESS, MEMO ON ENHANCED POST-DEPLOYMENT HEALTH
- (4) NHCPR Individual Augmentation Instructions
- (5) TRICARE Mail Order Pharmacy
- (6) Local Urgent Care Facilities
- (7) Family Advocacy Brief for Key Personnel
- (8) Breast Cancer Prevention and Mammography Lunch and Learn

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ZNR UUUUU ZUI RUEWMCF0333 2491852

R 061727Z SEP 07

FM CNO WASHINGTON DC//N1//

TO NAVADMIN

INFO RHMFIUU/CNO WASHINGTON DC//N1//

BT

UNCLAS //N06000//

NAVADMIN 233/07

MSGID/NAVADMIN/CNO WASHINGTON DC/N1//

SUBJ: INDIVIDUAL MEDICAL READINESS//

REF/A/DOC/CNO WASHINGTON DC/02FEB2007//

REF/B/DOC/OPNAV/19MAY2006//

REF/C/DOC/SECNAV/03JAN2006//

REF/D/DOC/BUMED/14SEP1993//

REF/E/NAVADMIN/CNO WASHINGTON DC/151804ZJUN07// REF

F/DOC/OPNAV/14JUN2007// REF/G/DOC/BUMED/10JAN2005//

REF/H/GENADMIN/CDRUSCENTCOM/061911ZJUL07//

REF/I/DOC/ASD (HA)/03JAN2006//

NARR/REF A IS CHIEF OF NAVAL OPERATIONS GUIDANCE FOR FISCAL YEAR 2007.

REF B IS OPNAVINST 6110.1H PHYSICAL READINESS PROGRAM.

REF C IS SECNAVINST 5300.30D ADDRESSING MANAGEMENT OF HUMAN

IMMUNODEFICIENCY VIRUS (HIV) INFECTION IN THE NAVY AND MARINE

CORPS. REF D IS BUMEDINST 6224.8 TUBERCULOSIS CONTROL PROGRAM.

REF E IS NAVADMIN 157/07 UPDATING NAVY GUIDELINES CONCERNING PREGNANCY

AND PARENTHOOD. REF F IS OPNAVINST 6000.1C GUIDELINES CONCERNING

PREGNANT SERVICEWOMEN. REF G IS NAVMED P-117 MANUAL OF THE MEDICAL

DEPARTMENT (MANMED) CHAPTER 18 CHANGE 120 ADDRESSING MEDICAL EVALUATION

BOARDS. REF H IS MOD 8 TO USCENTCOM INDIVIDUAL PROTECTION AND

INDIVIDUAL/UNIT DEPLOYMENT POLICY. REF I IS DEPARTMENT OF DEFENSE

INSTRUCTION (DODI)

6025.19 INDIVIDUAL MEDICAL READINESS.//

RMKS/1. THIS NAVADMIN PROVIDES AN OVERVIEW OF CURRENT INDIVIDUAL MEDICAL READINESS (IMR) REQUIREMENTS AND INTRODUCES A MEANS FOR COMMANDERS TO ACCESS THEIR UNIT'S IMR STATUS THROUGH THE RECENTLY FIELDIED MEDICAL READINESS REPORTING SYSTEM (MRRS). IN SUPPORT OF REF A, IMR IS THE RESPONSIBILITY OF ALL COMMANDERS AND IS CRITICAL TO FIELDING READY FORCES IN SUPPORT OF OPERATIONAL MISSIONS.

2. ALL ACTIVE AND RESERVE COMMANDERS SHALL ENSURE THEIR PERSONNEL ARE IN COMPLIANCE WITH BASIC MEDICAL READINESS REQUIREMENTS AND PHYSICAL FITNESS ASSESSMENTS (REF B).

A. UNLESS IDENTIFIED FOR A SPECIFIC DEPLOYMENT OR MISSION WITH UNIQUE IMR REQUIREMENTS, IMR METRICS ARE BASED ON COMPLIANCE WITH THE FOLLOWING BASIC IMR REQUIREMENTS:

(1) PERIODIC HEALTH ASSESSMENT (PHA): ANNUAL, THIS INCLUDES COMPLETION OF ALL DEPLOYMENT HEALTH ASSESSMENTS (DD 2795, DD 2796, AND DD 2900) AND ANY SPECIALTY OCCUPATIONAL PHYSICAL EXAMINATIONS.

(2) DENTAL EXAMINATION: ANNUAL, RESULTING IN CLASS 1 OR 2 STATUS. DENTAL EXAMINATION INCLUDES HAVING CURRENT DENTAL X-RAYS (BITEWING AND PANOGRAPH).

(3) READINESS LABS: HIV PER REF C, DNA SAMPLE VALIDATED ON FILE, G6PD VALIDATED ON FILE, BLOOD TYPE AND RH FACTOR, AND TUBERCULIN SKIN TEST PER REF D.

(4) IMMUNIZATIONS: TETANUS-DIPHTHERIA EVERY 10 YEARS, COMPLETED HEPATITIS A SERIES (TWO SHOTS), COMPLETED HEPATITIS B SERIES IF

ENCLOSURE (1)

INITIATED (THREE SHOTS), POLIO VACCINE (ONE TIME SHOT), MEASLES-MUMPS-RUBELLA (MRR - ONE TIME SHOT), AND ANNUAL INFLUENZA.

(5) MEDICAL EQUIPMENT: IF REQUIRED, MEMBER HAS TWO PAIR OF GLASSES, MEDICAL WARNING TAGS FOR ANY ALLERGIES AND G6PD DEFICIENCIES, AND BASELINE AUDIOGRAM RESULTS (DD2215) IN HEALTH RECORD.

(6) NO DEPLOYMENT LIMITING CONDITIONS: MEMBER IS NOT ON LIMITED DUTY, UNDER EVALUATION BY A MEDICAL EVALUATION BOARD (MEB) OR PHYSICAL EVALUATION BOARD (PEB), HOSPITALIZED OR CONVALESCING FROM SERIOUS ILLNESS OR INJURY, PREGNANT OR IN THE POSTPARTUM PERIOD PER REF E, F, AND G, TEMPORARILY NOT PHYSICALLY QUALIFIED (TNPQ), IN MEDICAL RETENTION REVIEW (MRR) STATUS, LINE OF DUTY (LOD) STATUS, OR TEMPORARILY NOT DENTALLY QUALIFIED (DENTAL CLASS 3).

B. WHEN IDENTIFIED FOR A SPECIFIC DEPLOYMENT OR MISSION, PERSONNEL MUST COMPLY WITH OCCUPATIONAL AND COCOM DIRECTED IMR AND FORCE HEALTH PROTECTION REQUIREMENTS.

C. WHEN IDENTIFIED FOR GWOT SUPPORTED AUGMENTATION (GSA) TO CENTCOM, PERSONNEL SHALL COMPLY WITH ECRC IMR REQUIREMENTS AND ANY ADDITIONAL OCCUPATIONAL OR CENTCOM THEATER SPECIFIC REQUIREMENTS AS INDICATED IN REF H. ECRC CHECKLIST IS AVAILABLE AT [HTTPS://WWW.ECRC.NAVY.MIL](https://www.ecrc.navy.mil).

3. PER REF I, IMR IS REPORTED AS A PERCENTAGE PER THE FOLLOWING CATEGORIES WITH A GOAL OF 75 PERCENT FULLY MEDICALLY READY PER MEASURED POPULATION (I.E. UNIT, COMMAND, ETC.):

A. FULLY MEDICALLY READY: MEMBER IS IN COMPLIANCE WITH ALL REQUIREMENTS OF PARA 2.

B. PARTIALLY MEDICALLY READY: MEMBER IS MISSING IMMUNIZATION, READINESS LAB, OR MEDICAL EQUIPMENT REQUIREMENT.

C. NOT MEDICALLY READY: MEMBER HAS A DEPLOYMENT-LIMITING CONDITION.

D. INDETERMINATE: MEMBER IS OVERDUE FOR ANNUAL PHA AND/OR DENTAL EXAMINATION.

4. IN SUPPORT OF COMMANDERS EFFORTS TO COMPLY WITH IMR, NAVY MEDICINE PROVIDES CLINICAL SUPPORT FOR IMR DATA CAPTURE.

A. THE MEDICAL READINESS REPORTING SYSTEM (MRRS) IS THE DEPARTMENT OF NAVY IMR REPORTING SYSTEM BEING USED BY NAVY AND MARINE CORPS, ACTIVE AND RESERVE COMPONENTS TO DISPLAY IMR STATUS.

B. NAVY MEDICINE ONLINE (NMO) WILL SERVE AS A DATA BROKER AND TRANSMIT DATA TO MRRS FROM OTHER MEDICAL SYSTEMS WHICH SUPPORT IMR.

(1) COMMANDERS MAY REQUEST UIC BASED ?REPORTS ONLY? ACCESS TO MRRS BY SUBMITTING ?SYSTEM ACCESS AUTHORIZATION FORM? AVAILABLE ON THE MRRS WEBPAGE ([HTTPS://MRRS.CNRF.NAVY.MIL/MRRS](https://mrrs.cnrf.navy.mil/mrrs)) TO MRRS PROGRAM OFFICE, MRRSPO(AT)NAVY.MIL; (703) 695-3418/DSN 225.

(2) MRRS PROVIDES MEDICAL READINESS DATA TO THE TYCOM READINESS MANAGEMENT SYSTEM (TRMS) AND NAVY TRAINING AND EDUCATION MANAGEMENT PROGRAM SYSTEM (NTEMPS).

(3) MRRS MEDICAL READINESS DATA WILL BE INCORPORATED INTO DEFENSE READINESS REPORTING SYSTEM ? NAVY (DRRS-N) PERSONNEL PILLAR REPORTING WHEN SYSTEM IS FIELDDED.

5. WITH A CONCERTED EFFORT USING ALL AVAILABLE TOOLS AND RESOURCES, WE CAN STRENGTHEN PERSONNEL READINESS AND ENSURE DEPLOYMENT-READY FORCES.

6. THIS NAVADMIN WILL BE SUPERCEDED UPON RELEASE OF SECNAVINST 6120.3 SERIES AND MILPERSMAN ARTICLE.

7. MEDICAL POINT OF CONTACT IS CAPT NEAL NAITO AT (202) 762-495/DSN 762 OR EMAIL AT NEAL.NAITO(AT)MED.NAVY.MIL. IT SUPPORT POINT OF CONTACT IS CDR JOYCE RICHARDSON AT (757) 443-0566/DSN 223 OR EMAIL AT JOYCE.RICHARDSON(AT)NAVY.MIL.

8. RELEASED BY MR. PATRICK MCLAUGHLIN, N1B.// BT

# Individual Medical Readiness (Program Summary)

Program: PX - PAX RIVER UNITS

Unit	Name	Number Personnel	Fully Medically Ready		Partially Medically Ready		Not Medically Ready		Medical Readiness Indeterminate	
00019	NAVAIRSYSCOMHQ PAX RIVER M	15	11	73.3%	4	26.7%	0	0%	0	0%
00032	PEOSTRKWPUSAVN PAX RIVER	4	2	50%	1	25%	1	25%	0	0%
00421	NAVAIRWARCENACDIV PAX RIVE	21	18	85.7%	1	4.8%	0	0%	2	9.5%
0428A	NAVSUPFAC PATUXENT RIVER M	174	111	63.8%	20	11.5%	14	8.0%	29	16.7%
31304	AIR-6.0 INDUSTRIAL NWCF	15	9	60%	1	6.7%	1	6.7%	4	26.7%
31565	NACO PG PAX RIVER	7	4	57.1%	1	14.3%	0	0%	2	28.6%
31571	NAVAL AIR SYSTEMS CMD D BU	3	2	66.7%	1	33.3%	0	0%	0	0%
31686	FLTSCIDEVRON ONE PAX RIVER	75	55	73.3%	9	12%	6	8%	5	6.7%
31718	BFM PG PAX RIVER NWCF	6	0	0%	4	66.7%	0	0%	2	33.3%
32038	COMNAVAIRESFOR DET PAX RIV	7	4	57.1%	2	28.6%	0	0%	1	14.3%
32694	NIOC SUITLAND/AIRINT PAX	2	2	100%	0	0%	0	0%	0	0%
32796	NAVAIRSYSCOMHQ/RPN PAX RIV	3	1	33.3%	1	33.3%	0	0%	1	33.3%
35679	NAVAIRWARCENAD OP/DET	2	0	0%	1	50%	0	0%	1	50%
3712A	BUPERS S/D COMP PATUXENT M	6	0	0%	5	83.3%	0	0%	1	16.7%
39679	NAVOPMEDINST ASTC PAX RIVE	20	9	45%	5	25%	0	0%	6	30%
39782	NAVTEST WINGLANT	15	8	53.3%	0	0%	3	20%	4	26.7%
39783	AIRTEVRON TWO THREE	286	209	73.1%	23	8.0%	12	4.2%	42	14.7%
39784	AIRTEVRON TWO ONE	57	43	75.4%	3	5.3%	6	10.5%	5	8.8%
39785	AIRTEVRON TWO ZERO	114	85	74.6%	12	10.5%	1	0.9%	16	14.0%
40010	PEO(W) SUPPORT PAX RIVER M	46	25	54.3%	9	19.6%	2	4.3%	10	21.7%
40011	PEO(T) SUPPORT PAX RIVER M	36	23	63.9%	9	25%	1	2.8%	3	8.3%
40012	PEO (A) SUPPORT PAX RIVER	44	27	61.4%	12	27.3%	0	0%	5	11.4%
40330	FISC NORFOLK PAX RIVER	27	19	70.4%	4	14.8%	0	0%	4	14.8%
40400	ENTERPRISE AIRSPEED TEAM	20	7	35%	2	10%	1	5%	10	50%
4143A	FRC MID ATLANTIC DET PAX R	142	110	77.5%	9	6.3%	5	3.5%	18	12.7%
42191	NASC/AIR 4.0 ENGINEERING	71	67	94.4%	1	1.4%	2	2.8%	1	1.4%
42325	PERSUPPDET PATUXENT RIVER	44	11	25%	21	47.7%	1	2.3%	11	25%
42846	STU TEST PILOT SCHOOL	36	20	55.6%	9	25%	0	0%	7	19.4%
44198	PUBLIC WORKS DEPT PAX RIVE	17	11	64.7%	2	11.8%	1	5.9%	3	17.6%
44689	NAVTESTPILOTSCH PAX RIVER	37	28	75.7%	5	13.5%	0	0%	4	10.8%
46550	VC 6 SHORE SURVEILLANCE DET	7	4	57.1%	1	14.3%	0	0%	2	28.6%
47136	DEPMED NHCL PAX RIVER DET	29	13	44.8%	3	10.3%	3	10.3%	10	34.5%
47396	NASC/AIR 5.0 TEST & EVAL P	20	15	75%	4	20%	0	0%	1	5%
47608	NAVAL AIR STATION PAX RIVE	143	74	51.7%	20	14.0%	11	7.7%	38	26.6%
47873	NAVAIR AIR 6.0 ERP DETACHM	1	0	0%	0	0%	0	0%	1	100%
48137	PEO(T) PAX RIVER	2	1	50%	1	50%	0	0%	0	0%
48138	PEO(A) PAX RIVER	4	4	100%	0	0%	0	0%	0	0%
48301	NASC/AIR 2.0 CONTRACTS	16	8	50%	2	12.5%	0	0%	6	37.5%
48498	FLTSCIDEVRON ONE SUPPACT	20	6	30%	8	40%	3	15%	3	15%
48711	NAVAIRWARCENAD PAX RIVER F	1	0	0%	1	100%	0	0%	0	0%
49403	VQ 4 DET PAX RIV	173	87	50.3%	34	19.7%	9	5.2%	43	24.9%
49659	NAVCOMTELSTRATCOMMU DET NA	16	4	25%	3	18.8%	0	0%	9	56.3%
49860	NAWC ACDIV PAX RIVER (NWCF	90	70	77.8%	11	12.2%	2	2.2%	7	7.8%

ENCLOSURE (2)



# Individual Medical Readiness (Program Summary)

Program: PX - PAX RIVER UNITS

Unit	Name	Number Personnel	Fully Medically Ready		Partially Medically Ready		Not Medically Ready		Medical Readiness Indeterminate	
52819	COMOPTEVFOR DET VX 1	8	4	50%	3	37.5%	0	0%	1	12.5%
55243	VC 6 DET PAX RV	122	34	27.9%	19	15.6%	3	2.5%	66	54.1%
55600	VX 1	290	130	44.8%	72	24.8%	14	4.8%	74	25.5%
64485	NAVAIRWARCENACDIV ST I NWC	12	7	58.3%	0	0%	0	0%	5	41.7%
66098	NHLTHCLINIC PATUXENT MD	77	42	54.5%	17	22.1%	4	5.2%	14	18.2%
66124	NAVAVFCST CP PAX RIVER	5	1	20%	1	20%	1	20%	2	40%
68346	NASC/AIR-1.0 PMO	75	40	53.3%	19	25.3%	1	1.3%	15	20%
68626	NASC/AIR 3.0 LOGISTICS	119	74	62.2%	21	17.6%	5	4.2%	19	16.0%
68757	NASC/AIR 5.0 NEUTRAL	10	4	40%	3	30%	1	10%	2	20%
68935	NASC/AIR 7.0/8.0/09	5	3	60%	1	20%	0	0%	1	20%
Totals:		2597	1546	59.5%	421	16.2%	114	4.4%	516	19.9%

Selected Criteria

Program: PX  
 Activity: N0020, N0055, N0056, N0057, N0058, N0061, N0063, N0064, N0065, N0075, N0076, N0077, N0078, N0083, N0089, N0090, N0091, N0092, N0180, N2303, N2503, N5213, N5224  
 Command: ALL  
 Unit: ALL  
 Unit Name Filter: ALL  
 Exclude Deployed: NO

RAAUZYUW RUENAAA0081 1781944-UUUU--RUCRNAD.  
 ZNR UUUUU ZUI RUEWMCS9140 1921245  
 R 101249Z JUL 06  
 FM CNO WASHINGTON DC//DNS//  
 TO NAVADMIN  
 RHMFIUU/CNO WASHINGTON DC//DNS//  
 RUENAAA/CNO WASHINGTON DC//DNS//  
 BT  
 UNCLAS FOUO //N05230//  
 NAVADMIN 200/06  
 MSGID/GENADMIN/CNO WASHINGTON DC/DNS/JUN//  
 SUBJ/POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA) AND ELECTRONIC  
 /SUBMISSION OF DEPLOYMENT HEALTH ASSESSMENTS (EDHA)//  
 REF/A/DOC/ASDHA MEMO/10MAR2005//  
 REF/B/DOC/CJCS MEMO/01FEB2002//  
 REF/C/DOC/USDPR MEMO/22APR2003//  
 REF/D/DOC/ASNMR MEMO/05JUL2005//  
 REF/E/DOD/16490.3/07AUG1997//  
 REF/F/MSG/CNO WASHINGTON DC/291515ZMAY2003//  
 REF/G/DOC/SECNAVINST 1770.3D/16MAR2006//  
 REF/H/DOC/ASDHA MEMO/09JAN2004//  
 REF/I/DOC/ASDHA MEMO/03FEB2004//  
 REF/J/MSG/COMFLTFORCOM/112355ZMAR2004//  
 NARR/REF A IS ASD(HA) POLICY MEMO FOR PDHRA. REF B IS JOINT STAFF  
 MEMO ON PROCEDURES FOR DEPLOYMENT HEALTH SURVEILLANCE AND READINESS.  
 REF C IS USD(P&R) MEMO ON ENHANCED POST-DEPLOYMENT HEALTH  
 ASSESSMENTS (PDHA). REF D IS ASN(M&RA) MEMO ON PDHRA IMPLEMENTATION  
 PLAN. REF E IS DOD INSTRUCTION ON IMPLEMENTATION AND APPLICATION OF  
 JOINT MEDICAL SURVEILLANCE FOR DEPLOYMENTS. REF F IS CNO GUIDANCE  
 FOR ENHANCED POST-DEPLOYMENT PDHA. REF G IS THE SECNAV INSTRUCTION  
 ADDRESSING MANAGEMENT AND DISPOSITION OF INCAPACITATION AND  
 INCAPACITATION BENEFITS FOR MEMBERS OF NAVY AND MARINE CORPS RESERVE  
 COMPONENTS. REF H IS ASD(HA) POLICY MEMO FOR DEPLOYMENT HEALTH  
 ASSESSMENT QUALITY ASSURANCE PROGRAM (DHAQA). REF I IS ASD(HA) MEMO  
 DEFINING REPORTING ELEMENTS AND FREQUENCY FOR DHAQA PROGRAM. REF J  
 IS MEDICAL GUIDANCE FOR ENHANCED PDHA.//  
 POC/AMY LINDBERG/CDR/CNO/LOC:WASHINGTON DC/TEL:(202) 762-3059  
 /TEL:DSN: 762-3059/EMAIL:PDHRA@US.MED.NAVY.MIL//  
 RMKS/1. PURPOSE. REF A DIRECTED THE SERVICE SECRETARIES TO ESTABLISH  
 IMPLEMENTATION PLANS FOR PDHRA, THREE TO SIX MONTHS POST-DEPLOYMENT,  
 WITH A FOCUS TO CREATE AN OPPORTUNITY FOR A MEMBER TO REQUEST MENTAL  
 HEALTH SERVICES. THIS MESSAGE PROVIDES THE NAVY IMPLEMENTATION PLAN,  
 MANDATES THE USE OF DD FORM 2900, AND DESCRIBES NEW ELECTRONIC  
 METHODS FOR COMPLETION DEVELOPED BY THE NAVY ENVIRONMENTAL HEALTH  
 CENTER (NEHC). THIS MESSAGE ALSO ESTABLISHES THE REQUIREMENT FOR  
 ELECTRONIC SUBMISSION OF ALL DEPLOYMENT HEALTH ASSESSMENTS (DD2795,  
 DD2796 AND DD2900).  
 2. BACKGROUND. DEPLOYMENT HEALTH AND READINESS, ALONG WITH THE  
 REPORTING REQUIREMENTS ESTABLISHED BY REFERENCES A THROUGH I, ARE  
 THE COMMANDER'S RESPONSIBILITY.  
 A. ELIGIBILITY. PER REFS A, B, C, AND E, ALL ACTIVE COMPONENT (AC)  
 AND RESERVE COMPONENT (RC) MILITARY PERSONNEL DEPLOYING UNDER ANY OF  
 THE FOLLOWING CIRCUMSTANCES MUST COMPLETE PRE- AND POST-DEPLOYMENT  
 HEALTH ASSESSMENTS AS WELL AS THE PDHRA:  
 (1) TROOP MOVEMENT RESULTING FROM A JCS/COMBATANT COMMAND DEPLOYMENT  
 ORDER.  
 (2) LAND-BASED OPERATIONS FOR 30 CONTINUOUS DAYS OR MORE OUTSIDE

ENCLOSURE (3)

METHOD.

B. RC MEMBERS. RC COMMANDERS WILL IDENTIFY MEMBERS WHO REQUIRE COMPLETION OF THE EDHA AND DIRECT THE PREFERRED METHOD FOR SUBMISSION. IN ADDITION TO THE ELECTRONIC MEANS DESCRIBED ABOVE, RC MEMBERS HAVE 2 ADDITIONAL OPTIONS FOR COMPLETING THE PDHRA (DD2900 ONLY): PDHRA CALL CENTER AND PDHRA SITE VISITS (FOR 50 MEMBERS OR MORE). THE DEMOBILIZATION DATABASE WILL BE UTILIZED FOR POPULATING CALL CENTER ROSTERS. RC UNITS SHOULD COORDINATE THEIR REQUIREMENTS DIRECTLY WITH THE DOD POINT OF CONTACT, MR. JERRY FUSHIANES AT 1-888-PDHRA-99 X 546; OR E-MAIL AT JFUSHIANES@LOGISTICSHEALTH.COM.

C. A PAPER COPY OF THE DD2795, DD2796 AND DD2900 MUST BE PRINTED AND FILED IN THE MEMBER'S MEDICAL RECORD FOR ALL ACTIVE AND RESERVE COMPONENT MEMBERS. IDEALLY, AN ELECTRONIC COPY OF THE FORM WILL BE FILED IN THE MEMBERS ELECTRONIC HEALTH RECORD.

D. THE NEHC POC FOR ALL FORMS AND ELECTRONIC EDHA ISSUES IS MR. AZAD AL-KOSHNAW, AT: 757-953-0938/ DSN 377-0938; OR E-MAIL AT EDHA@NEHC.MAR.MED.NAVY.MIL.

5. REFERRALS. ALL MEMBERS (AC, RC, RETIRING, AND/OR SEPARATING) WHO REQUIRE FURTHER CLINICAL ASSESSMENT WILL BE REFERRED FOR MEDICAL OR BEHAVIORAL HEALTH EVALUATION IN ACCORDANCE WITH CURRENT DIRECTIVES. IF THE RC MEMBER REQUIRES A REFERRAL FROM THE PDHRA TO ESTABLISH A DIAGNOSIS AND DETERMINE SERVICE CONNECTION, THE MEDICAL DEPARTMENT REPRESENTATIVE (MDR) SHALL INDICATE "PDHRA" IN THE INJURY CATEGORY IN THE MEDICAL READINESS REPORTING SYSTEM (MRRS) AND ON THE MILITARY MEDICAL SUPPORT OFFICE (MMSO) COVER SHEET IN "DIAGNOSIS". IF SERVICE CONNECTION IS ESTABLISHED, THE MDR WILL MANAGE THE REFERRAL PER REF G.

6. TRAINING. NEHC WILL OFFER TELEPHONE SUPPORT AND ONGOING WEBCAST TRAINING FOR LOCAL ADMINISTRATORS. CLINICAL GUIDELINES AND TRAINING MATERIALS ARE AVAILABLE AT [HTTPS://WWW-NEHC.MED.NAVY.MIL](https://www-nehc.med.navy.mil). WEBCAST TRAINING SESSIONS WITH MENTAL HEALTH SUBJECT MATTER EXPERTS WILL BE POSTED ON THE NEHC WEBSITE AND AVAILABLE THROUGH THE EDHA PROGRAM OFFICE AT EDHA@NEHC.MAR.MED.NAVY.MIL.

7. MONITORING AND QUALITY ASSURANCE. UNITS WILL ADHERE TO THE QUALITY ASSURANCE GUIDELINES SPECIFIED IN REFERENCES H AND I. PROCESS IMPROVEMENTS AND LESSONS LEARNED CAN BE SUBMITTED VIA THE EDHA CONFIGURATION CONTROL BOARD POC: DR CHRIS RENNIX, 757-953-0955/DSN 377-0955; CPRENNIX@MAR.MED.NAVY.MIL.

8. ADDITIONAL GUIDANCE. THE PROVISIONS OF THIS MESSAGE SHALL NOT BE CONSTRUED AS CONTRADICTING EXISTING LAWS, REGULATIONS, OR POLICIES REGARDING PATIENT CONFIDENTIALITY, LINE OF DUTY DETERMINATIONS OR ELIGIBILITY FOR GOVERNMENT-SPONSORED HEALTH OR DISABILITY BENEFITS. THE EDHA DOES NOT INITIATE MEDICAL TREATMENT. ALL INDICATED MEDICAL CONSULTATIONS OR REFERRALS MUST BE GENERATED IN THE USUAL MANNER BY THE UNIT MEDICAL DEPARTMENT REPRESENTATIVE.

9. RELEASED BY VADM A. E. RONDEAU, DIRECTOR, NAVY STAFF.//

BT

#0081

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## Naval Health Clinic Patuxent River

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### Individual Augmentation

home / services / individual augmentation

#### Services

Individual Augmentation  
Laboratory  
Medical Records  
Pharmacy  
Radiology  
TRICARE  
Wellness Corner



#### Individual Augmentation Instructions

Personnel that are being deployed to Individual Augmentee (IA) billets or will be deployed for more than 30 days to an area that does not have a Military Treatment

#### Clinic Hours:

M - F: 0730 - 1800  
Sat: 0800 - 1600  
Sun & Hol: CLOSED

Facility will need to follow the steps outlined below to complete their medical screening. All others can contact HN Lavina at 301-342-1429 or via e-mail at [jay.lavina@paxriver.med.navy.mil](mailto:jay.lavina@paxriver.med.navy.mil) to discuss their unique circumstance.

By instruction, many of the forms and immunizations can not be done until you are within 60 days of the deployment. Medical has been directed to provide all items that will become due during the deployment. Most personnel will need an anthrax immunization, hepatitis B immunization, typhoid immunization, smallpox immunization, tuberculosis skin test, HIV, and dental exam even if they are caught up on routine medical requirements. If you are in an active flight status requiring an upchit during your deployment, it is recommended that your flight physical is completed before deployment.

Once 60 days or less from the deployment date:

1. Notify Military Medicine at 301-342-1429 with the augmentee's name, last four of the social security number, an e-mail address, and telephone number.
2. Military Medicine will screen the medical and dental records and notify the service member of all medical/dental requirements that are currently needed or will become due during the deployment using the Deploying Record Verification Form.
3. Servicemembers with less than 20/40 vision must have two pair of eye glasses and one pair of gas mask inserts to take on deployment. Make an appointment with Optometry at 301-342-1506 as soon as possible if these items are needed. Contact lenses are not authorized for deployments.
4. Download, complete, and bring to the appointment

**ENCLOSURE (4)**

the ECRC Checklist, DA7425, Report of Medical History (DD 2807) and the Smallpox Vaccination Screening Form (SF600). The demographics on the ECRC Checklist and DA7425 as well as the demographics and questions on the DD2807 and Smallpox form must be filled out and brought to the appointment or you will be asked to reschedule.

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5. Complete the Predeployment Health Assessment (DD2795) at the NEHC Website. Click new user. Passphrase is "Paxriver1!" Fill out the New User registration. Click Register. Click Create a new survey. Click create a new predeployment survey (DD2795). Fill out pages 1 and 2 and then make sure you click the SAVE button. There is nothing you need to put in the signature block. You can print out the form if you like, but is not necessary. The doc will pull it up, do their part and then make a printout for the medical record. Your SSN without dashes or spaces will be your LoginID in the future when you are required to do the Postdeployment Health Assessment (DD2796) within 30 days of return from deployment and the Postdeployment Health Reassessment (DD2900) between 3 and 6 months after deployment. If you forget your password, there is a reset link that asks a question you gave an answer to on registration. If that doesn't work, we can reset your password here at the clinic as well.
6. With the ECRC Checklist, DA7425, DD2807, Smallpox SF600, and online DD2795 completed, schedule a predeployment appointment with Military Medicine at 301-342-1429 or 301-342-1506 sixty or less days prior to deployment. Certain immunizations and forms can not be completed greater than 60 days before deployment.
7. If eligible for Smallpox, the physician will sign off on the Smallpox SF600 and you will need to go to either Quantico or Andrews to get it placed. Smallpox Locations. It is always best to call the sites first and tell them when you are planning on coming, and ask them exactly what paperwork you need to have with you. 6-8 days later you will need to have the smallpox site read and documented in your chart. Military Medicine can do the reading, but you will want to call 301-342-1429 to ensure a qualified reader will be there when you are planning to come by.
8. Please note that the Anthrax vaccine is now mandatory for all IA's. If the six shot series was previously started, members will restart with the next one due. This vaccine is also given at Andrews Air Force Base.

In order to be cleared for deployment, the medical and dental records must be screened, requirements that will become due during the deployment completed, a recent signed Report of Medical History (DD2807) is in the record, and a Predeployment Health Assessment (DD2795) is in the record. If Military Medicine gets the quick initial name notification, the record review can be done within one

business day and the IA only needs about 30 minutes with the provider if the forms are filled out before hand. Contact HN Lavina at 301-342-1429 or [jay.lavina@paxriver.med.navy.mil](mailto:jay.lavina@paxriver.med.navy.mil) for any questions or problems with the deployment screening process.

- Smallpox Program Educational Toolkit has information you can read on the smallpox vaccine
- Navy Knowledge Online has specific IA training
- Fort Jackson is where most of you will be heading for training prior to deployment.
- (803) 806-1021 is the Navy Combat Training office at Fort Jackson.

## TRICARE Beneficiaries Can Save Time, Money With New Service

August 29, 2007  
07-54

FALLS CHURCH, Va.—Registering for the TRICARE Mail Order Pharmacy (TMOP) just got easier with the launch of the new Member Choice Center (MCC). A quick phone call or click of a mouse is all that's needed for Service families and retirees to begin receiving their prescriptions by mail. By using this new service, not only will the beneficiary obtain TMOP enrollment assistance, but the MCC will actually contact the physician to obtain new prescriptions and forward them to the TMOP for processing, making the switch from retail to mail order virtually effortless for the beneficiary.

"We are always looking for ways to improve customer service and add value for TRICARE beneficiaries," said Army Maj. Gen. Elder Granger, deputy director, TRICARE Management Activity. "They wanted a more user-friendly program and the MCC delivers."

Beneficiaries don't have to download forms or wait to have forms mailed; they can go to the "My Benefit" portal on [www.tricare.mil](http://www.tricare.mil) or to [www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE) to complete the registration. There's also the option to call the MCC at 1-877-363-1433 to switch from the retail program to TMOP.

When a beneficiary calls the MCC, a patient care advocate from Express Scripts Inc., TRICARE's pharmacy benefit provider, explains the program and offers to transfer the current prescriptions to the safe and convenient mail order option. If the beneficiary agrees, Express Scripts Inc. submits a prescription transfer request to the patient's physician.

The mail order pharmacy can save beneficiaries as much as 66 percent on medications for conditions such as high blood pressure, asthma or diabetes. The beneficiary may receive up to a 90-day supply of most medications for the same amount they would pay for a 30-day supply at a retail pharmacy.

The Department of Defense saves money, too. The department pays 30–40 percent less for prescriptions filled through the mail-order service compared to retail pharmacies. The department's savings could be substantial—\$24 million a year—with just a 1percent shift of prescriptions from retail to mail order.

"As with all health entitlements, there are things our beneficiaries can do to reduce costs. The military treatment facility is the most cost-effective option, but that's not always available for some beneficiaries. Mail order is the next best thing. Having prescriptions filled by mail saves them time and money. It also lowers the cost for the entire military health system," said Granger.

### About TRICARE Management Activity

TRICARE Management Activity, the Defense Department agency that administers the health care plan for the uniformed services, retirees and their families, serves more than 9.1 million eligible beneficiaries worldwide.

[<< Back To Archive](#)

[www.tricare.mil](http://www.tricare.mil) is the official Web site of the  
Office of the Assistant Secretary of Defense (Health Affairs) and the TRICARE Management Activity  
Skyline 5, Suite 810, 5111 Leesburg Pike, Falls Church, VA 22041-3206  
[Claims](#) | [TRICARE Benefits Questions](#) | [Website Feedback](#) | [Privacy Policy](#)  
Page Updated Wednesday, May 30, 2007.



ENCLOSURE ( 5 )

# Urgent Care Visit

- All Urgent Care Visits require a referral from your Primary Care Manager (PCM).
- If the Urgent Care provider recommends that a specialist see you then a referral from the PCM is required.
- The clinic is currently short on appointments if they send you to an Urgent Care provider then the PCM would put in a referral. At that time please let your PCM or nurse know the closest center to your location.

Breton Urgent Care  
22576 MacArthur Blvd, Suite 354  
California, MD  
301-737-0500  
M-F 8AM-8PM Sat-Sun 9AM-5PM

Solomons Urgent Care  
14090 Solomons Island Rd  
Solomons, MD  
410-394-2800  
M-F 6PM-10PM Sat-Sun 12PM-10PM

St Mary's Express Care  
25500 Point Lookout Rd  
Leonardtown, MD  
301-475-8981  
M-F 10AM-10PM Sat-Sun 10AM-10PM

St Mary's Express Care  
37767 Market Drive  
Charlotte Hall, MD  
301-290-5910  
M-F 4PM-10PM Sat-Sun 10AM-8PM

Dunkirk Urgent Care  
10845 Towne Center Rd, Suite 108  
Dunkirk, MD  
410-286-7911  
M-F 6PM-10PM Sat-Sun 12PM-10PM





# Family Advocacy Brief for Key Personnel Wed, October 3, 2007 1:00-3:00 p.m.

**Location: Frank Knox Bldg (2189)  
Room 120**

This workshop theme is 'Profile of a Victim'. The presentation will feature information on 'myths and facts' about victims of domestic violence, use of the Military Protective Order in protecting victims and the role of leadership, medical and support personnel in ensuring their safety and encouraging their recovery. A survivor of domestic violence will share her story. This workshop offers Key Command Personnel information concerning spouse abuse, reporting options, resources, treatment, and the Command's role in Family Advocacy matters. CO's, XO's, CMC's, OIC's, Department Heads, Ombudsmen, and other personnel involved with Family Advocacy matters are encouraged to attend. Please call the FFSC at 301-342-4911 to register for this workshop.

# Love your Body!

## BE STRONG, BE FIT, BE WELL

*Join the Naval Health Clinic in a Lunch and Learn  
Breast Health and Mammography*



Wednesday, October 10, 2007

1130 - 1300

NAS Cedar Point Officers' Club

***CDR Leonard Henry  
Medical Corps, USN, Surgical Oncologist,  
Breast Care Clinic, NNMC, Bethesda***



Seating is limited  
Tickets can be purchased  
at the door (price of lunch)

Sponsored by Naval Health Clinic  
For more information and/or reserve a seat contact  
Mindy Ashton at [mindy.ashton@med.navy.mil](mailto:mindy.ashton@med.navy.mil)

ENCLOSURE (8)